



Chapter 3 Safety & Sanitation

Environmental threats are not the only hazards that can impact the health and safety of children in child care facilities. The Indiana Department of Environmental Management collaborated with several state and federal agencies to collate and distill the safety and sanitation concerns, including emergencies, fires, communicable diseases, and chemical hazards, at child care facilities. Like Chapter 2: Environmental Threats, this chapter explains what you **MUST** do, what you **SHOULD** do, and what you should **CONSIDER** doing to create the healthiest and safest environment for children and staff.

3.1 EMERGENCY ACTION PLANS

The purpose of an Emergency Action Plan is to prepare and protect children and staff from serious injury or loss of life in the event of a major disaster. Major disasters include fire, tornado, earthquake, bomb threat, violence in the workplace, or hazardous chemical spill.

You MUST:



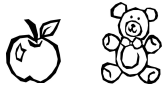
- ' **Maintain a first aid kit.** (FSSA, OSHA) For centers, the kit must contain supplies specified by your physician. Recommended contents may include:
 - < Band-Aids
 - < sterile gauze pads - both regular and nonstick type
 - < adhesive tape, 2-inch width
 - < steristrips (for closing minor lacerations)
 - < soap - small sample bar (Note: hydrogen peroxide solution is unnecessary. It is no better than soap and water for cleaning wounds.)
 - < alcohol wipes or pledgets
 - < elastic bandage (for sprained ankle)
 - < triangular bandage (for sprained ankle or arm injury, or as a tourniquet)
 - < needle and tweezers (for removing slivers or ticks)
 - < razor blade (for poisonous snake bites)
 - < small scissors
 - < papain (meat tenderizer powder for bee stings)
 - < insect repellent
 - < sunscreen
 - < Syrup of Ipecac--make sure date has not expired (This is required for homes. For centers, it must be approved by your physician.)



- ' **Have an approved first aid manual available, such as Red Cross or equivalent.** (FSSA, OSHA) You must also have on staff at all times, someone with a valid first aid/CPR certification if the childcare facility is more than three minutes from the nearest medical emergency dispatch location.



- ' **Post emergency numbers by the telephone.** (FSSA, OSHA) These must include:
 - < Nearest emergency facility (hospital)
 - < Ambulance
 - < Fire
 - < Poison control
 - < Consulting physician
 - < Dentist



- ' **Provide first aid training.** (FSSA) Ensure that employees who provide direct care to children are trained in basic first aid techniques, including pediatric cardiopulmonary resuscitation.



- ' **Lock poisonous chemicals.** (FSSA) All poisons, chemicals, and items labeled "Fatal if Swallowed" must be in locked storage. For licensed homes, the law requires that hazardous chemicals are inaccessible (do not have to be locked) to children.



- ' **Develop a written Emergency Action Plan** (FSSA) (See sample in the Appendix.) Post these written procedures for disaster evacuation in case of fires and other emergencies in all child care areas.



- ' **Train staff on emergency and disaster evacuation procedures.** (FSSA, OSFM) This training must be included in new employee orientation. Written procedures for evacuation must be posted in all child care areas in centers. In centers, occupants must not pass through kitchens, storerooms, bathrooms, closets, or spaces used for similar purposes to reach an exit. Exit doors must:
 - < swing in the direction of exit travel
 - < discharge directly to the outside or an exit pathway
 - < be equipped with panic hardware when required, and in accordance with the rules of the Fire Prevention and Building Safety Commission.



- ' **Practice emergency and disaster evacuation procedures.** (OSFM) Child care facilities must have monthly fire drills with all occupants evacuated. Depending on occupancy load, staff-only fire drills are required quarterly for some ministries.

You SHOULD:

- ' **Provide emergency training to employees annually.** Regulations require that centers and homes provide emergency action training only when employees are hired. But employees who have worked at a facility for several years may not remember the emergency training they received when they began--a refresher always helps.

WHAT TO DO IN AN EMERGENCY

The Occupational Health and Safety Administration recommends these procedures for the following emergencies:

‘ **Follow these procedures during a TORNADO WARNING:**

- < Listen for the latest advisories.
- < Observe the weather conditions outside.
- < Assemble occupants in designated areas in the building.

‘ **Follow these procedures in the event of an EARTHQUAKE:**

- < Do not go outside except when necessary. Seek safety under doorway passages, tables, or desks.
- < The supervisor or other designated personnel should check for injuries and provide first aid if necessary.
- < Maintenance personnel should check for fires and shut off gas, electricity, and water main controls.

‘ **Follow these procedures in the event of a BOMB THREAT:**

- < The person who took the threat should notify the supervisor.
- < Evacuate the building to the planned evacuation sites established in the Emergency Action Plan.
- < Contact the police and fire department.
- < Do not permit re-entry until emergency personnel have searched the building and declared it safe.

‘ **Follow these procedures in the event of a FIRE:**

- < Activate the signal/alarm immediately.
- < If you don’t have an automatic notification system with an automatic dialer, designate a staff member to notify local authorities and emergency personnel as part of your Emergency Action Plan.
- < If time permits, shut off the power, proceed to evacuation sites indicated in the Emergency Action Plan, and conduct roll call.
- < Provide first aid if there are any injuries.
- < **DO NOT RE-ENTER THE BUILDING FOR ANY REASON** until the fire department has notified you that the building may be reoccupied.

3.2 FIRE PROTECTION AND SAFETY

You **MUST**:



- ‘ **Comply with Indiana fire and building laws.** (FSSA, OSFM) Contact the Office of the State Fire Marshal for information about these laws or for other fire safety information. Contact: Jeff Short (317) 232-2459 or Mara Snyder at (317) 233-5341.



- ‘ **Be inspected annually.** (FSSA, OSFM) The Office of the State Fire Marshal inspects each licensed child care center and registered ministry annually.



- ‘ **Comply with the requirements for an "E-3" occupancy if you are opening a child care center in an existing building.** (OSFM) An E-3 occupancy is the state building code designation for licensed child care centers and ministries. This is required if the building does not already house a child care facility. Before constructing or remodeling, the facility must retain an architect or engineer to walk through and confirm E-3 designation in writing. The facility must attach a letter from the engineer or architect that confirms this designation when applying for its child care license or registration. Alterations specific to that building may be required to achieve E-3 occupancy designation. *For child care ministries*, any building *newly constructed* as a child care ministry must also meet E-3 requirements. State and/or local building officials will make the final determination of whether the building complies with the requirements of an E-3 occupancy.



- ‘ **Meet the definition of a residential structure.** (FSSA) Licensed child care homes must be in residences in which at least six children at any time receive child care from a provider. Licensed child care homes must notify their local fire department of the licensed capacity and hours of operation.



- ‘ **File new or alteration building plans.** (OSFM) If you are constructing a new building or altering an existing building in a way that requires plans to be filed, you must file plans with:
 - < Plan Review Division, Department of Fire and Building Services, 402 W. Washington St., #W245, Indianapolis, IN 46206, (317) 232-1431.
 - < Sanitary Engineering Section, Indiana State Department of Health, 2 North Meridian St., Indianapolis, IN 46204, (317) 633-0177 (Licensed centers only).
 File plans *BEFORE* beginning construction.



- ' **Report fires.** (FSSA, OSFM) You must immediately report EVERY FIRE to the fire department.



- ' **Report fire damage.** You must report promptly any damage caused by fire or natural disaster to the Child Care Health Section at FSSA.



- ' **Practice good housekeeping at all times.** (FSSA, OSFM) For fire safety, this means:
 - < Discard trash containing combustible materials promptly.
 - < Clean up spills immediately.
 - < Do not let trash accumulate.
 - < Do not accumulate paper, rags, and packing materials.
 - < Keep storage areas clean.
 - < Keep stove hoods and equipment free of dust and grease. The Office of the State Fire Marshal annually inspects stove hood systems at any center or ministry where they are required.



- ' **Store flammable liquids in tightly sealed containers and in rooms inaccessible to children.** (FSSA, OSFM) Centers must lock up hazardous chemicals in approved cabinets.



- ' **Not use portable electric or gas heaters.** (FSSA)



- ' **Keep all stairways, halls, corridors, exits, and aisles free from obstruction and lighted at all times.** (FSSA) Keep evacuation routes clear for access. Emergency lights must be provided in all interior stairways and corridors. Do not store items under stairways. Class II homes must have lighted exit signs but not halls. Class I are not required to have lighted exits signs nor halls.



- ' **Conduct and document fire drills.** (FSSA, OSFM) Fire drills must be conducted monthly for licensed centers and registered ministries, and quarterly in licensed homes. All fire drills must be documented for the inspector to review.



- ' **Designate a smoking area.** (FSSA, OSFM) If you allow smoking in your center, you must designate a smoking area that is the only place in the center where smoking is permitted. If no smoking area is designated, smoking is prohibited inside the building and "No Smoking" signs must be posted. In licensed child care centers, smoking is prohibited in the presence of children, in areas that will be occupied by children at any time, or in the kitchen. In ministries, smoking is prohibited only in the kitchen. The "Pro-Children Act of 1994" also prohibits smoking in Head Start facilities, and in kindergarten, elementary, and secondary schools that receive federal funding from the Department of Education, the Department of Agriculture, and the Department of Health and Human Services (except funding from Medicare or Medicaid).



- ' **Install an approved fire alarm system.** (OSFM) In some buildings, an automatic sprinkler system also may be required if the building has not been used for a child care center before, has been altered, or the child care facility has been moved to other than the ground-level floor. *For ministries, this requirement only applies if you have more than a 50-person occupant load.*



- ' **Provide smoke detectors.** Electric or battery-operated smoke detectors must be installed to manufacturer's specifications and located and adjusted to operate reliably in case of smoke in any part of the home. Not less than one smoke detector needs to be at the top of each stairway and adjacent to all sleeping areas.



- ' **Provide required exits.** (FSSA, OSFM) Licensed child care centers must have a minimum of two exits out of each classroom larger than 240 square feet. These exits must be separated by a distance specified by the Fire Marshal. In addition, each center must have the number of required exits, based on the total area of the building. No center can have fewer than two exits at different sides of the building, leading to the public way at ground level (unless the facility has a variance). Exits must not pass through kitchens, storerooms, bathrooms, closets, or spaces used for similar purposes in centers. For licensed child care homes, there must be at least two means of escape in the house.



- ‘ **Install fire extinguishers.** (FSSA, OSFM) The Office of the State Fire Marshal will determine the proper type, location, and number of fire extinguishers a center must have. The extinguishers must be visible, accessible, and properly mounted more than five feet from floor level. In licensed homes, a 22 pound or greater ABC multiple purpose fire extinguisher must be located on each floor you provide child care services. An additional extinguisher must be located in the kitchen area.



- ‘ **Provide fire extinguisher training as part of your mandatory safety training.** (IOSHA) If staff members are required or allowed to use fire extinguishers they must be trained to use them properly. This applies to any facility that has one or more employees.

You should CONSIDER:

- ‘ **Requesting an in-service training.** Contact your local fire department to conduct an in-service training for staff and a presentation for children.

For more information on fire regulations and safety, contact the Inspection Division, Office of the State Fire Marshal, 402 W. Washington St., #E241, Indianapolis, IN 46206, (317) 232-2222.

3.3 BLOODBORNE PATHOGENS AND INFECTIOUS DISEASES

Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis B can be fatal diseases. Their modes of transmission merit serious attention and caution. They are contracted by direct exposure to infected blood or certain body fluids, such as semen or vaginal secretions, or any body fluid mixed with blood that has been infected by the bloodborne pathogens known as the human immunodeficiency virus (HIV), the Hepatitis B virus (HBV), or the Hepatitis C virus (HCV).

To be exposed in the child care setting, the infected blood could get into the body through open sores, dermatitis, by a puncture wound (needle stick), or through mucous membranes in the ears, nose, and mouth. Not all contact with blood results in an exposure to HIV, HBV, HCV.

The Occupational Safety and Health Administration (OSHA) developed the Bloodborne Pathogen Standard in 1991. This standard is designed to protect workers in health care and related occupations, such as child care, from the risk of exposure to bloodborne pathogens.

The OSHA standard applies to all employees who have a reasonable, anticipated risk of exposure to blood or other potentially infectious materials in the workplace. The rule does not apply to handling of urine, feces, vomit, or saliva, unless these body fluids are mixed with visible blood.

You MUST:

The following requirements are from federal OSHA statutes adopted by the Indiana State Department of Health and the Indiana Occupational Safety and Health Administration.



- ‘ **Train staff to follow Universal Precautions.** (ISDH, IOSHA) Universal Precautions are barrier precautions to prevent contact with blood or certain other body fluids. In the child care setting, blood and body fluids mixed with blood would be the only body fluids that a worker may contact that would put them at risk for HIV, HBV, and HCV.

Universal Precautions training must include, at a minimum, a video or other presentation on the basic knowledge of bloodborne diseases and a presentation on specific Universal Precautions related to the employee's responsibilities. A training video is available through the Child Care Information Line at the Bureau of Child Development at (317) 233-5414.

- < Training must take place before the employee begins any assignment.
- < A staff member who has received training in Universal Precautions and bloodborne diseases may train other staff members.
- < Attendance records must be maintained of employee's participation in Universal Precautions training.
- < Training must be repeated annually for each employee.

At a minimum, training content must cover:

- < A copy and explanation of the OSHA standard.
- < Epidemiology (how the disease spreads) and symptoms of the bloodborne pathogen.
- < Modes of transmission.
- < Information about the facility's bloodborne pathogen plan, and where the plan can be reviewed.
- < Methods to recognize tasks at high risk for exposure and other activities that may involve exposure to blood.
- < Use and limitations of engineering controls, work practices, and personal protective equipment (PPE).
- < PPE types, use, location, removal, handling, decontamination, and disposal.
- < PPE selection and basis.
- < Hepatitis B vaccine information.
- < Use of "spill kits" and location of kits with quick access.
- < Procedures for limiting exposure to blood or other potentially infectious materials.
- < Post-exposure evaluation and follow-up.
- < Signs and labels.
- < Question and answer session.

These organizations or individuals, in addition to others, may provide Universal Precautions training:

- < County health departments
- < America Red Cross Indiana, HIV/AIDS Network
- < American Red Cross local chapters, HIV/AIDS Programs
- < School corporation nurse
- < Hospital infection control nurse
- < Local community action groups
- < Indiana Occupational Safety and Health Administration



- ' **Document Universal Precautions training.** (ISDH, IOSHA) Facility directors must maintain records of staff training for at least three years from the date of training.



- ' **Develop an exposure control plan.** (ISDH, IOSHA) The exposure control plan must include how to reduce workplace exposure and the procedures if an exposure occurs. If an exposure occurs, document routes of exposure and identify the source individual. (See the Appendix for a sample exposure control plan in the child care setting.)



- ' **Offer the Hepatitis B vaccination to employees free of charge.** (IOSHA) Child care facilities must offer and pay for Hepatitis B vaccination for employees who are designated to render first aid assistance, even though this assistance is not their primary work assignment. Employees may decline to receive the vaccine, but the employee must sign a written document (see the sample Bloodborne Exposure Control Plan in the Appendix). If a child care facility does not offer in its exposure control plan the pre-exposure vaccination it must offer a post-exposure vaccination within 24 hours of contact with blood. You are required to maintain medical records for employees who have had exposure incidents for a period of not less than the duration of the facility's employment of the employee plus thirty years. For additional information on requirements for Hepatitis B vaccine and post-exposure procedures, contact the Indiana Occupational Safety and Health Administration at (317) 232-2688.



- ' **Provide personal protective equipment and supplies to prevent exposure to blood or certain other body fluids.** (ISDH, IOSHA) In child care facilities, personal protective equipment includes:
 - < Disposable, single-use medical gloves to be used when handling blood or other potentially infectious materials. Replace gloves immediately if they become torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
 - < Mouthpieces for resuscitation (CPR)
 - < Disinfecting agents, such as household bleach in a 10% solution or another disinfectant that says on the label that it is a tuberculocide. Follow the concentration and contact time specified on the label.
 - < Spill kits, made up of:
 - T disposable, single-use medical gloves
 - T Disposable towels
 - T Biohazard bag (for items that could release blood when compressed)



- ' **Dispose of infectious waste properly.** (ISDH) You must dispose of infectious waste, which is material that could release blood when compressed in a red biohazard bag. An example of infectious waste is when blood can be squeezed from towels. Most items, such as Band Aids or blood-stained towels, are not considered infectious waste in child care facilities. Contact a medical supply company to learn where you can obtain biohazard bags. Only place articles in a biohazard bag if blood can be released when compressed. You probably need to keep very few biohazard bags in your facility. Child care facilities are not regulated by the Indiana Infectious Waste Rule; therefore biohazard bags can be placed in the regular trash. However, landfills in some areas of the state may refuse to accept biohazard bags. Ask your trash collector for the location of a biohazard site. You may also ask an Emergency Medical Technician to take it. An alternative method to dispose of biohazard bags is to contract with a waste management company to pick up the bags and treat the waste prior to final disposal.



- ' **Follow the infection control procedures on the following page for controlling communicable diseases.** (FSSA) For a list of communicable diseases see the Appendix. Ask your health consultant for additional guidance.



- ' **Isolate children with communicable diseases.** (FSSA) Children who become ill or are suspected of having a communicable disease while at the facility must be placed in an isolation room or area under observation by a staff member before going home.



- ' **Sanitize (*ministries*) or disinfect (*centers*) facilities or articles that have been used by a child suspected of having a communicable disease** before another child or staff member uses them or until it has been established that the child does not have a communicable disease. (FSSA) At centers, toilet facilities, furnishings, toys, or other articles used by the infected child must be disinfected. (See Section 3.4 to learn proper sanitation or disinfection procedures.)



- ' **Notify parents when a child is suspected of having a communicable disease.** (FSSA)



- ' **Prohibit staff or other persons with communicable diseases from having contact with children.** (FSSA) Do not allow people with communicable diseases to work with children in a manner that the disease could be transmitted.



- ‘ **Follow infection control practices when handling all body fluids.** (IOSHA) Universal Precautions are for contact with *potentially infected blood* and certain other body fluids, including semen, vaginal secretions, and body fluids visibly mixed with blood. Follow these infection control practices for **ALL BODY FLUIDS**:
 1. **WASH YOUR HANDS** with soap and water **before** preparing or serving food and eating; **after** using the toilet, sneezing, or coughing; and **before and after** diapering and helping children use the toilet. **NOTE: ANTIBACTERIAL GELS ARE NOT A SUBSTITUTE FOR HAND WASHING WITH SOAP AND WATER.**
 2. **TEACH AND HELP** children to wash their hands properly and often, especially after using the toilet and before eating.
 3. **DON'T WORK** if you are ill. Follow guidelines for isolating ill children and sending them home.
 4. **COVER YOUR NOSE AND MOUTH** when you sneeze or cough, and wash your hands with soap and water. Teach children to do the same.
 5. **CHANGE YOUR CLOTHING** and children's clothing when wet or soiled with vomit, urine, feces (bowel movement), or blood.
 6. **CLEAN AND SANITIZE TOYS**, cribs, cots, furniture, and floors regularly.
 7. **DISCARD** urine, feces, blood, and vomit in a toilet. Never rinse or clean potty chairs in a hand-washing sink or kitchen sink.
 8. **SANITIZE MOPS** after each use. If mops are in contact with blood, disinfect with 10% household bleach solution or other disinfectant that states it is a tuberculocide.
 9. **DON'T REUSE DISPOSABLE ITEMS.** Discard all used disposable items into a tightly covered container that is lined with a leak-resistant, plastic bag. Examples include cups, plates, spoons, diapers, Band-Aids, medical gloves, paper towels, and tissues.
 10. **PROVIDE EXTRA SUPERVISION** to children who push or bite to reduce bleeding injuries.
 11. **WEAR SINGLE-USE DISPOSABLE MEDICAL GLOVES** when cleaning up blood or spills of other body fluids. Never use the same pair of gloves more than once. Wash your hands after removing gloves. Gloves are not a substitute for hand washing.
 12. **PROMPTLY CLEAN, THEN DISINFECT** objects and surfaces soiled with blood or body fluids with a 10% household bleach solution or other tuberculocide. Never use this solution to cleanse skin.
 13. **PUT CLOTH ITEMS SOILED** with blood or other body fluids in a leak-resistant plastic bag until they can be washed in a washing machine in water above 160°F for at least 25 minutes OR if your machine cannot meet that temperature requirement, then use household bleach (one cup bleach per top loading washer, 2 cup for bottom loading).
 14. **DISPOSE OF INFECTIOUS WASTE PROPERLY.** You must dispose of infectious waste, which is material that could release blood when compressed, such as when blood can be squeezed from towels, in a red biohazard bag. Most items, such as Band Aids or blood-stained towels, are not considered infectious waste in child care facilities. Contact your local health department (see Chapter 7: Resources) to learn where you can obtain biohazard bags. You probably need to keep very few in your facility. Make sure they are not used for your regular trash.



‘ **Follow these procedures for diapering:**

1. Wash hands with soap and warm water and dry with disposable paper towel (*Ministries and homes not required*).
2. Gather equipment and put on diapering area.
3. Spread wax paper on changing table. Cover entire length and width of pad. (*Wax paper is not required for ministries. Ministries must sanitize the pads after each use. Homes must have waterproof material between child and surface of changing table.*)
4. Pick up baby and place on diapering area.
5. If blood is present, single-use disposable medical gloves must be worn.
6. Release diaper.
7. Using ankle hold to ensure safety, remove soiled diaper.
8. Place soiled diaper on wax paper or into plastic bag.
9. Gently wash baby's bottom. Avoid hard rubbing.
 - \$ To cleanse girls, spread labia apart gently, wash and dry between skin folds (cleaning downward only).
 - \$ To cleanse boys, merely wash and dry. In uncircumcised boys, never attempt to pull back the foreskin.
 - \$ Use soap and rinse well or use commercial wet wipes if child had bowel movement.
10. If applicable, remove disposable gloves and place in plastic bag.
11. Put diaper on child.
12. Take child to safe area.
13. Discard soiled diaper, washcloth, and towel into tightly covered sanitary container lined with plastic bag.
14. Wash hands with soap and warm water and dry with disposable paper towel.
15. Sanitize diaper changing pad and table with a sanitizing bleach solution of one tablespoon per quart of water. Use a 10% bleach solution or other tuberculocide if visible blood is present.
16. Wash hands again as in item number 14.
17. Record on child's record and note any unusual observations, such as rash, loose bowel movement, bleeding, etc. (*not required for homes*).

You SHOULD:

- ‘ **Educate staff on Hepatitis A hazards and precautions.** Hepatitis A virus is found in the stool of persons with the virus. It usually is spread by putting something in the mouth that has been contaminated with the infected stool. The virus is more easily spread under poor sanitary conditions, such as contaminated water or ice; raw shellfish harvested from sewage-contaminated water; and fruits, vegetables, and other foods eaten uncooked that were contaminated during handling. Although infected children younger than 5 usually do not have symptoms of Hepatitis A, they easily spread the infection to older children and adults. Symptoms usually develop suddenly and may include fever, tiredness, loss of appetite, nausea, abdominal pain, dark urine, yellowing of skin and eyeballs, and light-colored stool. The best precaution is to practice the infection control practices described above when handling all body fluids.

For questions on bloodborne pathogens and other communicable diseases, call the Indiana State Department of Health, Communicable Disease Division, at (317) 233-7125.

3.4 HAZARDOUS CHEMICALS

All child care providers must keep their facilities clean and safe. This section covers what to clean them with, how to clean them, and the safe management of all chemicals.

Cleaning. Sanitarians and inspectors in the Child Care Health Section of Indiana's Family and Social Services Administration report the number one mistake they see in child care facilities is the improper use or mixture of chemicals. More is not better when mixing concentrations of cleaning chemicals! If the solution is too strong it will leave a residue (usually invisible) and expose children to unsafe levels of these chemicals. The most important guidance in using any chemical is to **FOLLOW THE DIRECTIONS ON THE LABEL**. Chemical manufacturers must run their products through stringent tests to prove their safety. Use these products **only as recommended on the label**.

To clean properly, child care providers must distinguish between surfaces they sanitize and surfaces they disinfect.

SANITIZE means to clean with a *bactericide* (kills bacteria) or to heat for an adequate period of time to reduce bacteria to a sanitary level for utensils and equipment. To sanitize, surfaces must be treated with one of these options:

- < **Chemical: a bleach solution or a quantanary ammonia solution at 100 parts per million** (follow the directions on the label to sanitize). Do not use a product for sanitation that says something similar to "*Rinse after using. Not to be used on food contact surfaces.*" These products leave a residue that could be toxic, especially to children.
- < **Heat:** sanitizing at the appropriate temperature for the appropriate time. Follow manufacturer's instructions on dishwashers for proper sanitation temperatures and times. In centers and ministries, the dishwasher must commercial grade (as opposed to home use) and be approved by ANSI, the National Sanitation Foundation (NSF) or Underwriters Laboratory (UL). You also can sanitize by immersing objects in 170° water for one minute.

DISINFECT means to clean with a *tuberculocide* (strong enough to kill tuberculosis). Disinfectants are designed to protect staff and children from the bloodborne pathogens discussed in the previous section. The *only* method to disinfect is:

Chemical: Bleach solution at 10%, or 1:9 parts, or quantanary ammonia at the *appropriate concentration* are the most effective and proven disinfectants. *If you use a quantanary ammonia product (commonly known as "quats") to disinfect, ensure that it is a tuberculocide or is mixed a tuberculocide strength.*

If you choose to use products other than bleach or quantanary ammonia to sanitize or disinfect, ensure that the label says "Approved for Food Contact Surfaces" by the U.S. Department of Agriculture (USDA), U.S. Environmental Protection Agency (U.S. EPA) or the Food and Drug Administration (FDA). It is best to submit the Material Safety Data Sheet to the Child Care Health Section at FSSA for a review before using these products. FSSA sanitarians advise you not to believe everything your cleaning product sales representative tells you.

STERILIZE applies only to infant bottles. To rid them of microorganisms, the bottles must be boiled a minimum of five (5) minutes. Nipples, collars, and caps must be boiled a minimum of three (3) minutes.

You MUST:



- ' **Sanitize all kitchenware, including dishes,** (ISDH) with a 50 parts per million bleach (approximately 2 teaspoon bleach to one gallon of water-test with chlorine test strips) or equivalent quantanary ammonia solution. This solution is for dishes or other items you submerge. They must be submerged for at least 60 seconds.



- ' **Sanitize the following** with a 100 parts per million bleach (approximately one teaspoon bleach to one gallon of water-test with chlorine test strips) or equivalent quantanary ammonia solution according to your cleaning schedule. All chemical sanitizers must be food-service approved.

- < all food contact surfaces
- < counter tops
- < tables
- < food preparation areas
- < toys
- < cots
- < high chairs
- < floors (you may use a stronger solution on floors only, such as a disinfectant, but it is necessary only if blood is present.)



(Licensed child care homes are not required to disinfect, but they should.)

- ' **Disinfect the following** with a 1:9, or 10% bleach solution (approximately one cup bleach to nine cups water.)
- < diaper changing tables
- < floors (only if blood is present).
- < other items that may have contact with body fluids, e.g., urine, blood, feces

DO NOT USE DISINFECTANT SOLUTIONS ON SURFACES TO BE SANITIZED. THE CONCENTRATION IS TOO STRONG AND WILL LEAVE A RESIDUE THAT CAN BE INJURIOUS TO CHILDREN.

TIP: FSSA's Child Care Health Section staff recommends dispensing your sanitizing or disinfectant solutions in clean dishwashing bottles, rather than spray bottles. Bleach can be a respiratory irritant, especially for children. Spreading, rather than spraying, before wiping, prevents the bleach from becoming airborne and inhaled.



- ' **Communicate the hazards of chemicals to employees.** (IOSHA) The Occupational Safety and Health Administration established the Hazard Communication Standard, also known as the Worker's Right-to-Know Law. The law ensures that employers identify and communicate hazards in the workplace to all employees. The Hazard Communication Standard applies to any business that uses, distributes, or imports hazardous chemicals, regardless of the number of individuals employed. **THIS LAW APPLIES TO ANY FACILITY OR RESIDENCE IF THERE IS ONE OR MORE EMPLOYEE.** To comply with OSHA's Hazard Communication Standard (Worker's Right-to-Know Law), you must:

- < **Develop a written Hazard Communication Program.** (IOSHA) See the Appendix for a sample Hazard Communication Program and tailor it to meet your facility's needs.
- < **Provide employees information and training on hazardous chemicals found in the workplace.** (IOSHA) Ensure staff is aware of the chemical hazards and understands the Material Safety Data Sheets (MSDS) in case of an emergency (See sample MSDS in the Appendix.) All employees should know where these MSDS are located.
- < **Maintain an updated inventory of MSDS for all chemicals in the workplace.** (IOSHA) (You do not need to obtain material safety data sheets for consumer goods used in the same amounts, manner, and frequency as an ordinary household consumer. The MSDS provides necessary information about how to handle chemicals safely, such as training, hazard evaluation, emergency procedures, and employee personal protective equipment. If you receive a chemical without a MSDS, write the supplier to request it. It is the supplier's responsibility to provide the MSDS. You must keep the MSDS for 30 years after you stop using the chemical. (See the Sample Hazard Communication Program in the Appendix for a sample letter to suppliers.)



- ' **Ensure that all containers are labeled properly.** (IOSHA) The label should include the identity of the chemical, hazard warnings, and name and address of manufacturer. If you receive a chemical that is not labeled properly, call the supplier and insist on proper labeling.

- ' **Know what to do in the event of a chemical-related accident.** (IOSHA) Examples may include toilet bowl cleaner splashed in eyes, pesticides causing respiratory problems, gasoline spills from lawnmowers, and other chemical spills. Call Poison Control, 911, follow instructions on Material Safety Data Sheets, or call IDEM's Spill Hotline at 888-233-7745.

You SHOULD:

- ' **Label containers that are used as secondary containers.** IOSHA does not require you to label a secondary container if the person who made the transfer from the primary to secondary container is the only person to use it and that person uses it completely within one shift. However, labeling secondary containers with the chemical name, such as BLEACH--DISINFECTANT, is a recommended safety practice.

3.5 GENERAL SAFETY

You **MUST**:



- ' **Store hazardous items away from children.** (FSSA) Hazardous items include staff purses or backpacks, cleaning supplies, paper cutters, knife blades, tools, sharp scissors, unprotected radiators or air conditioners, hot water pipes, bleach bottles, harmful plants, matches, medications, and items marked "*Keep out of reach of children.*" Medications, poisons, matches, lighters, and chemicals must be inaccessible to children. At centers, they must be locked with a key lock, combination lock, or child-proof lock.



- ' **Regulate hot water.** (FSSA) Hot water temperatures for hand washing must be between 100°F and 120°F, with an approved hot water control valve that will not allow the water to exceed 120°F (except for dishwashers or laundry machines).



- ' **Maintain equipment, materials, and furnishings in good, safe condition.** (FSSA) Facility equipment and toys, including playground equipment, must be safe and in good condition. They must be sturdy and free from sharp points, jagged edges, splinters, protruding nails or wires, loose parts, poisonous materials, and lead-based paint.



- ' **Protect air conditioning compressors.** (FSSA) Air conditioner compressors must be enclosed if located on the playground or if children have access to them.



- ' **Firmly secure carpets.** (FSSA) In child care centers, to prevent slipping and falling, smaller carpets or area rugs must not be used. If carpeting is present, it must be firmly secured, with no raveled edges.



- ' **Safely store items.** (FSSA) Do not stack items so that they could fall or be a safety hazard.



- ' **Follow construction, design, and safety rules for swimming or wading pools.** (FSSA) Your licensing consultant can provide these rules. However, some counties prohibit these pools altogether in child-occupied facilities.
 - < Check with your local health department for applicable ordinances before using portable pools.
 - < Centers must have written parental permission prior to children swimming, have a person with a licensed Red Cross advanced life saving certificate on duty at all times, and double the staff-child ratio.
 - < A minimum of two flotation devices must be provided for each swimming pool.
 - < Centers, ministries, and homes must empty and sanitize portable wading pools immediately after use.
 - < In-ground or nonportable above-ground pools must be secured with a locked gate and approved by the Indiana State Department of Health.



- ' **Protect electrical outlets.** (FSSA) Special electrical receptacle coverings must be installed in all rooms occupied by children. Ministries must have electric plate covers on all receptacles.



- ' **Lock ammunition and firearms in areas inaccessible to children at all times.** (FSSA)

